

LOBBYING SUPPLEMENTAL REGISTRATION FORM**To be used for changes to registrations and terminations.****Instructions**

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Haynie Randy K
Last First MI

2. BUSINESS PHONE 225-336-4143

3. BUSINESS ADDRESS P.O. Box 44032, Capitol Station Baton Rouge, LA 70804
Street and No. City State Zip

MAILING ADDRESS 1465 Ted Dunham Avenue Baton Rouge, LA 70802
Street and No. City State Zip

4. EMPLOYER Self-Employed

5. EMPLOYER'S ADDRESS _____
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No _____

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Please see attachment

Address _____

Business or purpose _____

☐ New Representation _____
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

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COMPLIANCE
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SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

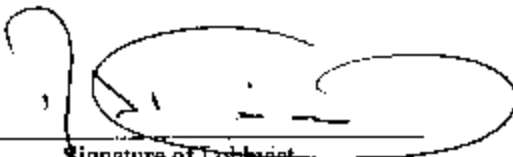
☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

Lobbying Supplemental Registration Form - Attachment

1) Name Aecom Technology Corporation

Address 555 South Flower Street, Suite 3700, Los Angeles, California 90071-2300

Business or Purpose Technical Professional Services

☒ X New Representation

Does this person pay you? Yes

If No, who pays you? _____

____ Terminated Representation as of _____

2) Name Business Council of New Orleans and the River Region

Address 1713 Ursula Street, LaPlace, LA 70068

Business or Purpose Business/Public Affairs

☒ X New Representation

Does this person pay you? Yes

If No, who pays you? _____

____ Terminated Representation as of _____

3) Name Environmental Chemical Corporation

Address 1240 Bayshore Highway, Burlingame, CA 94010

Business or Purpose Environmental Remediation, Operation and Maintenance

☒ X New Representation

Does this person pay you? Yes

If No, who pays you? _____

____ Terminated Representation as of _____

Lobbying Supplemental Registration Form - Attachment

4) Name Fluor Enterprises, Inc.

Address One Enterprise Drive, Aliso Viejo, CA 92656

Business or Purpose Engineering and Construction

☒ New Representation

Does this person pay you? Yes

If No, who pays you? _____

Terminated Representation as of _____

5) Name General Motors Corporation

Address 300 Renaissance Center, Detroit, Michigan 48265-3000

Business or Purpose Automobile Manufacturing and Sales

☒ New Representation

Does this person pay you? Yes

If No, who pays you? _____

Terminated Representation as of _____

6) Name Louisiana Policy Foundation

Address 532 Spanish Town Rd, Baton Rouge, LA 70802

Business or Purpose Public Policy

☒ New Representation

Does this person pay you? Yes

If No, who pays you? _____

Terminated Representation as of _____

Lobbying Supplemental Registration Form - Attachment

6) Name Community Loans of America

Address 3283 Hardee Ave, Chamblee, GA 30341

Business or Purpose Lending

☒ New Representation

Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

8) Name Louisiana Progress

Address _____

Business or Purpose _____

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 11/1/05

9) Name National Association of Independent Insurers

Address 2600 River Road, Des Plaines, IL 60018

Business or Purpose Insurance

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 11/1/05